



CHESHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1936

BY

IAN MACKAY

M.B., Ch.B., D.P.H.

PHILLIPSON & GOLDBER LTD., PRINTERS, CHESTER.



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MEDICAL INSPECTION

STAFF

School Medical Officer:

IAN CAMPBELL MACKAY, M.B., Ch.B., D.P.H.

District School Medical Officers:

W. J. McIVOR, B.A., M.B., Ch.B., D.P.H.

MARY A. THOMAS, M.B., Ch.B., D.P.H.

R. J. CLARK, M.B., Ch.B., D.P.H.

GLADYS WILKINSON, M.R.C.S., L.R.C.P.

M. A. MACKENZIE, M.B., Ch.B., D.P.H.

Ophthalmic Surgeons (Part-Time):

W. DUNLOP HAMILTON, M.B., B.Ch., D.O.M.S.

CYRIL JACOBS, M.D., M.B., B.S.

Orthopædic Surgeons (Part-Time):

H. OSMOND CLARKE, M.B., B.Ch., B.A.O., F.R.C.S.

R. WATSON JONES, M.D., F.R.C.S.

T. HARTLEY MARTIN, M.B., Ch.B.

HARRY PLATT, M.S., F.R.C.S.

HENRY POSTON, M.B., B.Ch., B.A.O.

W. MITCHELL SMITH, C.M., M.D.

School Dental Surgeons:

H. R. PARRY, L.D.S. (Senior).

S. O. STEWART, L.D.S.

R. H. HAMLYN, L.D.S.

A. F. HELY, L.D.S.

F. L. JONES, L.D.S.

H. JACKSON, L.D.S.

J. M. GIBBONS, L.D.S.

H. W. S. SLEASBY, L.D.S.

J. W. MARTIN, L.D.S.

E. S. POULTER, L.D.S.

E. JOHNSON TAYLOR, L.D.S.

Health Visitors: 39.

Dental Nurses: 11.

Superintendent Clerk: VINCENT O'CONNOR.

CHESHIRE COUNTY COUNCIL.
EDUCATION COMMITTEE.

INTRODUCTION.

*To the Chairman and Members
of the Education Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the work of the School Medical Service for the year 1936.

The work of this Service continues to increase, especially in one of its most important branches, the Dental Service. This has now become very comprehensive, two additional Dental Officers being appointed in the latter part of the year. There is however scope for still further extension.

The question of malnutrition has again this year been the object of particular investigation, and I am glad to say, from the returns received, that I am able to repeat my remarks of last year, namely, that the question of malnutrition in this county is not one that need give any cause for anxiety.

I regret however that I cannot say the same about vaccination. It is deplorable to think that less than 40 per cent. of the children examined at Routine Medical Inspection were found to be vaccinated. A feeling of false security has been given owing to the fact that any epidemic of recent years has been exceedingly mild. I do not like to consider the result of a serious epidemic under the present circumstances.

The Orthopaedic scheme, which is now fully comprehensive, continues to do excellent work.

In the latter part of the year the School Medical Service was inspected by a representative of the Board of Education, who reported that the work was well organised and that the service had been developed along sound and progressive lines since the last inspection.

One notable feature this year was the opening of a new and up-to-date Clinic at Sale, particulars of which are set out on page 18.

In conclusion I would again like to express my thanks to the Committee for their consideration and to the Director of Education and his staff for the help I have received throughout the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

15th April, 1937.

IAN MACKAY,

CHESHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL REPORT
 OF THE
CHIEF SCHOOL MEDICAL OFFICER
 FOR 1936

General.

The Administrative County of Chester from 1st April, 1936 comprised 44 Sanitary Districts, namely 7 Municipal Boroughs, 27 Urban Districts and 10 Rural Districts.

The Education Committee is the Local Education Authority for the whole Administrative County with the exception of 6 Municipal Boroughs, namely, Congleton, Crewe, Dukinfield, Hyde, Macclesfield and Stalybridge.

The population enumerated at the Census of 1931 for the area exclusive of these Boroughs (as revised 1/4/36) was 490,360.

The total number of Schools in the whole educational area with their enrolments are as follows:—

	Schools.	Enrolments.
Elementary	337	57,674
Secondary	19	6,674

School Buildings.

New School Buildings Completed.

Bebington Stanton Road Council School.
 Cheadle Hulme Woods Lane Council School.
 Eastham Primary School.
 Gatley Primary School.
 Pensby Primary School.
 Poynton Senior School.
 Timperley Primary School.

Alterations Completed.

Sale Worthington Road Council School—Alterations to Domestic Subjects Centre.
 Calday Grange Grammar School—New Gymnasium and Biological Laboratory.

New School Buildings in Course of Erection.

Altrincham Wellington Road Council School.
Rudheath Senior School.

Alterations in course of Erection.

Lymm Grammar School—Alterations and additions.
Altrincham Grammar School—Extensions.
Macclesfield High School for Girls—Alterations and additions.

Numerous minor alterations and improvements have been carried out at School buildings during the past year.

Hygiene of School Premises.

During the course of Sanitary Surveys of County Districts by the County Sanitary Officer, detailed inspections of Elementary Schools have been made in the Rural Districts of Congleton, Macclesfield, Nantwich and Tarvin and the Urban District of Longdendale.

Many of the schools in Rural Districts were found to have unsatisfactory water supplies and sanitation. A large proportion of the non-provided schools were built between 80 and 100 years ago—very few are capable of being brought up to a satisfactory Standard even if funds were available. In one or two instances conditions were such that closure of the school was recommended.

Detailed reports of the defects existing at the various schools have been supplied to the Director of Education who is taking steps to effect improvements.

The Assistant School Medical Officers in the course of their routine medical inspection make a comprehensive survey of the premises and any defects are noted and referred to the Director of Education.

Co-ordination.

As a result of the excellent co-ordination of the various health services in the County, children are kept under continuous though unobtrusive observation from birth till they reach the school-leaving age. The services chiefly concerned are the Maternity and Child Welfare, the School Medical and Dental, and the Tuberculosis Services. At the age of 5, children are transferred from the Maternity and Child Welfare Committee to the Education Committee and complete records of their health transferred with them. The fact that the special services provided by both Committees are on the whole the same avoids any lack of continuity of treatment. The Health Visitors also act as school nurses.

Medical Inspection.

The work of medical inspection is carried out by 5 Assistant School Medical Officers each of whom is responsible for inspection of the children in one district.

The age groups examined during the year were those laid down by the Board of Education and are as follows:—

1. Entrants.
2. Intermediates, i.e., children between the ages of eight and nine years.
3. Leavers, i.e., children between the ages of twelve and fourteen years.
4. Specials, i.e., children specially brought forward by the Teachers, Health Visitors, Attendance Officers, or from some other source not in one of the above groups.
5. Re-examinations.

The following figures show the gross numbers of children inspected during the year as compared with the two preceding years:—

	Entrants.	Inter- mediates.	Leavers.	Specials.	Re-exams.	Total.
1934	6148	6041	6275	10451	4913	33834
1935	6637	5757	6041	10390	4744	33589
1936	6617	5860	5914	10598	3881	32870

Following Up.

For any scheme of School Medical Inspection to work smoothly an efficient scheme of following up cases found to require treatment is essential. The following-up is carried out by the Health Visitors, who make every endeavour to see that adequate treatment is carried out. When necessary, cases are referred back to the Assistant School Medical Officer for re-inspection.

Many visits may be necessary in cases where the parents are neglectful and where much persuasion is necessary. In cases of serious defect where the Health Visitor is unable to persuade the parents the matter is passed on to the N.S.P.C.C. This latter course, I am pleased to say, it has seldom been found necessary to adopt.

Co-operation of Parents.

It is essential that parents should be encouraged to attend medical inspection. Not only does the School Medical Officer get valuable information regarding the child from the parent but he is also able to give advice as to the actual treatment necessary.

There is no doubt that parents as a whole appreciate the value of School Medical Inspection. This is very noticeable from the attendances in the Rural Areas where in many instances they have to travel a considerable distance to the school.

During the year 12,358 parents attended Routine Medical Inspection.

Co-operation of Teachers.

I would again draw particular attention to the very loyal co-operation of the teachers. The success of the School Medical Service is due in a great measure to the invaluable help of the teaching staff who are always most willing to facilitate the work of medical inspection. Consultations between the Assistant School Medical Officer and Teacher over cases where parents have been neglectful in carrying out previous instructions usually end in satisfying results being obtained from the advice given. Such help is invaluable.

Uncleanliness.

In the course of the year the Health Visitors made 168,162 inspections for this condition, visiting each school on the average six times. The number found to be unclean was 2,635 or 1.2 per cent.

Although this is a condition which has improved with rapid strides during the past few years there is still room for improvement. The fact that certain schools in the County return 100 per cent. cleanliness shows that this can be achieved and is the ideal which should be aimed at in all schools. The interest of the Head Teacher in this matter makes a great difference to the results obtained.

Vaccination.

During the year the number of children found to be vaccinated at routine medical inspection was only 37 per cent.

Tonsils and Adenoids.

The number of cases referred for Tonsil and Adenoid operations shows a slight increase this year, but a reduction on previous years. The procedure of referring back for observation cases of slight or temporary enlargement, and recommending operation only where there is much enlargement of the adenoid tissue, or where the tonsils are definitely unhealthy, has led to this reduction. As a result, practically every case operated on has shown a very notable improvement both in mentality and in general health.

The number of children who received treatment for enlarged tonsils and adenoids in 1936 was 1,089.

The number receiving operative treatment was 930.

Rheumatic Heart Affections.

Six beds have been reserved at Leasowe Open-Air Hospital and Special School for children suffering from the above conditions, and in 1936 11 children received treatment there, namely, 7 boys and 4 girls.

Debilitated Children.

Accommodation is provided for weak and debilitated children at Torpenhow Open-Air School, Frankby, and West Kirby Open-Air School and Convalescent Home.

During the year, 73 children were accommodated—42 boys and 31 girls—at Torpenhow, and 42—20 boys and 22 girls—at West Kirby.

The value of a stay of six months or longer at Residential Open-Air Schools for debilitated or pre-tuberculous children is unquestionable. The cases selected are those of poor physique and poor muscle tone; they are often pale and languid. The mother gives a history of poor appetites, lassitude, recurrent colds with bronchial trouble. On their return, there is a remarkable change in their general well-being and carriage; they gain in height and weight, and are improved in physical and mental vigour. These results are achieved by improved general hygiene, regular hours of rest and exercise, with plenty of fresh air and sunlight, good nourishing food, and an altered educational curriculum. These results are very well maintained, and it is only in a very few cases that they relapse into their former state. It is hoped that further accommodation at Torpenhow will be available in 1937.

Tuberculosis.

Cases of tuberculosis or suspected tuberculosis when found in the course of medical inspection are referred to the Tuberculosis Dispensaries which, as already stated, work in close co-operation with the School Medical Service.

During 1936, 200 children* received institutional treatment, 126 being discharged during the year.

Condition of Patients on discharge:—

Definitely Tuberculous cases:—

	T.B. Minus	Pulmonary. T.B. Plus			Non-Pulmonary.		
		Group I.	Group II.	Group III.	Bones and Joint	Abdom- inal	Other Organs
Quiescent	5	—	—	—	4	1	—
Not quiescent	7	2	1	1	17	19	42
Died in the Institution	—	—	—	2	2	1	—
Total	12	2	1	3	23	21	42

Observation cases:—

	Pulmonary	Non-Pulmonary
Definitely Tuberculous	9	1
Non-Tuberculous	4	3
Doubtfully Tuberculous	2	3

The following Table shows the primary notifications on Forms A and B of School Children, aged 5 to 15, for the years 1931—1936:—

Year.	Pulmonary.		Non-Pulmonary.		Total.
	M.	F.	M.	F.	
1931	14	12	60	54	140
1932	13	19	59	49	140
1933	9	15	65	55	144
1934	9	11	63	54	137
1935	12	19	54	45	130
1936	12	12	54	49	127

* Although for the purpose of tuberculosis returns to the Ministry of Health, children are all aged under 15, the figures in the present report relate to school-children aged 5–16, the accepted limits for Physically Defective Children, unless it is otherwise stated.

Infectious Skin Diseases.

Many children still suffer from minor infectious skin conditions, as in previous years. Too little importance is attached to minor infections of this sort. This unfortunately causes many exclusions from school which could well be avoided if children so affected were advised to seek early treatment.

During the year, 3,463 cases were referred for treatment, of which 1,779 were cases of Impetigo.

Ringworm of the Scalp.

There is a slight decrease in the number of cases reported this year, there being 47 referred for treatment as compared with 64 last year.

X-Ray treatment is now available at Manchester Skin Hospital to those who desire to accept it. During the year, 21 cases were treated under the County scheme.

Ringworm of the Body.

This condition is much more amenable to treatment, and does not seriously interfere with a child's attendance at school. This year, 56 cases were reported, 53 being treated under the Authority's Scheme and 2 otherwise.

Scabies.

The incidence of Scabies shows an increase this year, 137 cases being reported as against 97 last year. Of these, 101 were treated under the Authority's Scheme and 36 otherwise.

External Eye Diseases.

During the year, 536 cases were reported under this heading by the Assistant School Medical Officers in the course of routine medical inspections, 159 being cases of Blepharitis, all of which were referred for treatment, the majority being treated at the Minor Ailments Clinics.

A considerable number of external eye defects are referred to the clinics direct by the teachers and school nurses. and during the year 468 cases were treated at the various Clinics.

Vision.

Defective vision still continues to be one of the principal defects found in the course of medical inspection, 3,586 children being referred to the Ophthalmic Surgeons for treatment. In addition to this number, 778 were referred for Squint and other conditions.

The extent of the work of the Ophthalmic Surgeons can be seen by a reference to the following table:—

EXAMINATIONS FOR DEFECTIVE EYESIGHT.

	No. Examined	D. V. due to errors of refraction (excluding squint)	Squint	Glasses Prescribed	Glasses Not Prescribed	Other forms of treatment	Bleph- aritis.	External Diseases.			Other Condi- tioni's
								Conjunc- tivitis.	Kerat- itis	Corneal Opacities	
Dr. Hamilton ..	2038	1678	452	1188	859	62	19	26	25	22	26
Dr Jacobs ..	1304	971	208	676	628	209	61	47	—	53	129
Totals ..	3342	2649	660	1864	1487	271	80	73	25	75	155

Children examined were those selected by the Assistant School Medical Officers, cases which Head Teachers and parents asked to be examined, and children who had had glasses prescribed for them in previous years. Examinations are carried out in individual schools and at the school clinics.

Minor Ailments.

The following Clinics are provided for the Treatment of Minor Ailments:—

<i>Clinic</i>	<i>Address</i>	<i>When held</i>	<i>A.S.M.O.</i>
Altrincham	1, Hawthorne Road, Hale	Mon., Wed. and Fri., 1-30-2-30 p.m.	Dr. Mackenzie
Barnton	Barnton C.E. School	Thursday, 9-30 a.m.	"
Cheadle	Literary Institute	Mon. 2-30 p.m, Wed. 3 p.m.	Dr. Wilkinson
Cheadle Hulme	All Saints' Parish Room	Friday, 2-30 p.m.	"
Ellesmere Port	School Clinic, York Road	Daily, 9 a.m.—12 noon	Dr. Thomas (Alt. Wed.)
Frodsham	Methodist Sunday School	Tuesday, 2—4 p.m.	Dr. Clark
Hoole	55, Hoole Road, Chester	Mon., Tues., Thurs., & Fri., 9-30 a.m.	Dr. Thomas (Alt. Thurs.)
Hoylake	8, Market Street	Daily, 9—10 a.m.	Dr. Thomas
Knutsford	Brook St. Lecture Hall	Weds., 9-30—11-30 a.m.	Dr. Mackenzie
Lymm	Child Welfare Centre, Booth's Hill	Mon., Tues., Thurs., Fri., 9—10 a.m.	"
Middlewich	The Priory	Monday 9 a.m., Wednesday and Friday 3 p.m.	Dr. Wilkinson
Nantwich	The Dowery	Daily, 9—10-30 a.m.	Dr. McIvor (each Wed.)
New Ferry	St. Mark's Parish Room	Daily, 3—5 p.m.	Dr. Thomas
Northwich	Parkfield, Middlewich Road	Daily, 9-30 a.m.	Dr. Clark
Runcorn	29, High Street	Tu., Wed. 9-30—11-30 a.m. Mon., Thurs., & Fri., 1-30—3-30 p.m.	"
Salc	70, Chapel Road	Daily, 9—10-30 a.m.	Dr. Mackenzie
Winsford	The Parsonage, Weaver Street	Monday & Wednesday 2 p.m., Friday, 9 a.m.	Dr. Wilkinson

During the year, 8,779 ailments were treated; of those, 8,493 were treated under the Authority's Scheme and 286 treated in 1936.

Work of the Clinics.

Before attending the Clinic for treatment the school child obtains from the teacher an attendance card. Immediately after treatment at the Clinic the Nurse in charge marks on this card the date, the exact time at which the child leaves the Clinic, and her initials. This ensures that the child has actually attended and will not linger unduly on the way back to school.

Minor Ailment Treatment Clinics are held on school days usually from 9-30 to 11-30 a.m. or 1-30 to 3-30 p.m., these times being chosen to allow attendance at school before treatment and return to school before the end of the morning or afternoon school session.

A large variety of cases is dealt with, the more common being impetigo, septic sores, skin diseases, uncleanliness of heads, minor cuts, bruises, sprains, etc., chronic ear discharges, chronic blepharitis, and other eye ailments. In addition, advice is given to parents and to teachers on the necessity of obtaining medical advice, and when a child is found to be suffering from more than a minor ailment the Nurses make a point of seeing that the parents realise the nature of the illness and the necessity for medical attention.

On fixed days each month the Assistant School Medical Officers attend all day, when the following cases are dealt with:—

1. Cases whose complete examination at School Medical Inspection would have occupied more than the time allowed for Routine Inspection.
2. Cases brought forward by teacher or parent whose symptoms are so vague and indeterminate that further observation is necessary to decide whether medical treatment by their own doctor is necessary.
3. Cases of tonsils and adenoids, whose selection for operation now involves more discrimination and re-examination than was formerly considered necessary.

4. The supervision and re-examination of cases with prolonged attendance at the M.A. Treatment Clinics, e.g., chronic ear disease, chronic skin disease, etc.
5. Cases for examination, description and certification for Torpenhow, West Kirby, or other of the County Authority's Open-Air Schools or Convalescent Homes, including cases referred for this purpose by general practitioners, health visitors, etc.
6. Cases referred back by the D.T.O., County Orthopaedic Surgeon, or more rarely by the Inspector of N.S.P.C.C.
7. Employment Certificates.
8. Reports and examination of Mental Defectives, Deaf and Dumb Children, etc.

An outstanding event during the year was the opening in September of a new, modern, well-equipped, combined School and Maternity and Child Welfare Clinic at Sale.

The construction has been of the simplest permanent character. Externally the fabric is in rustic-faced bricks, stone dressing and stucco. The roof is of sand-faced tiles, and the flats of reinforced concrete and rock asphalt.

The accommodation as shown in the ground plan facing page 19 consists of :—

Ground Floor—

- Large Waiting and Lecture Hall.
- Babies' Weighing Room.
- Babies' Waiting Room with Doctor's Room adjoining.
- Dental Room with Recovery Room adjoining.
- Light Treatment Room with Doctor's Room and Dressing Rooms adjoining.
- Staff Kitchen, Cloakrooms and Lavatories.
- Patients' Cloakrooms and Lavatories.
- Perambulator Shelter and Storeroom with paved courtyard.

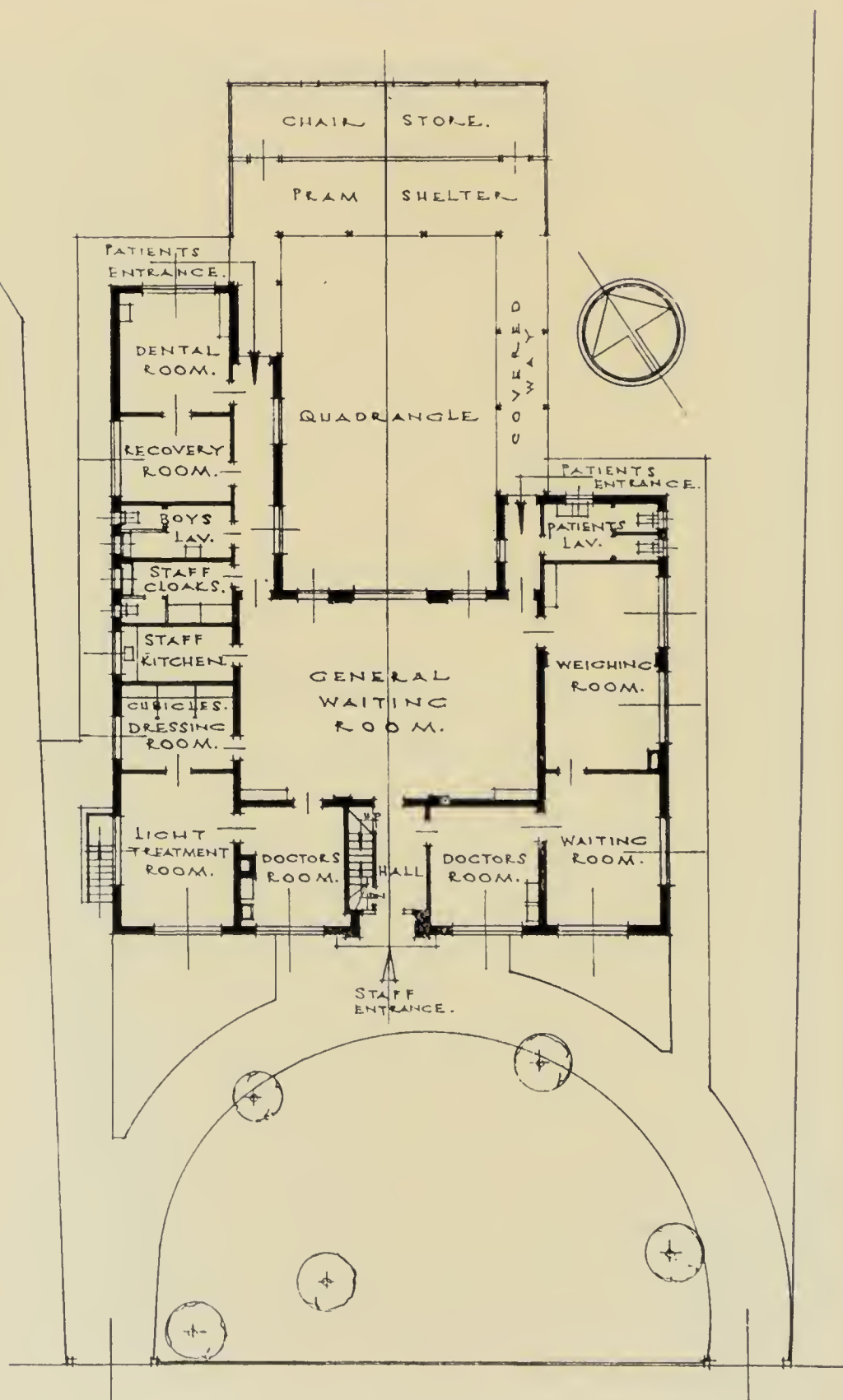


SALE CHILD WELFARE CENTRE AND SCHOOL CLINIC.
Front View of Exterior.

SALE CHILD WELFARE CENTRE AND SCHOOL CLINIC.

Plan of Ground Floor.

(Scale $\frac{1}{16}$ " to 1')



CHAPEL ROAD.

First Floor—

Nurses' Sitting Room, two Bedrooms, Bath, etc.

Caretaker's Living Kitchen, Scullery, Larder and Bedroom.

Basement—

Heating chamber for Boilers and Fuel Store.

A view of the exterior and a plan of the premises are given on facing pages.

Dental Scheme.

Mr. H. R. Parry, Senior Dental Surgeon, reports:—

Herewith details of work done in 1936.

All schools in the county have been visited during the year and all children under the age of 12 years inspected, together with those over 12 who have accepted in the past.

Treatment has been carried out for all the above whose parents gave their consent, and it is very gratifying to note that 78 per cent. of the children requiring treatment accepted.

This is an excellent percentage and reflects great credit on the Dental Officers, the Headmasters and Headmistresses, especially when one realises that a good 10 per cent. of the remaining children are treated by their own family dentist.

In comparison with last year, 4,000 more children have been treated, 4,000 more temporary teeth extracted, and 2,000 more permanent teeth filled. These increases are due mainly to the appointment of two new dentists in September, 1936, but a substantial increase in the above details still remains if one eliminates the work done by the new dentists.

There were roughly 56,000 children on the school registers during the year, and thanks to the increase in staff, 40,000 were inspected and all treatment required carried out, from which it will be seen that although the Dental Staff has not yet reached its full complement it is nearing that point and in the meantime a large amount of valuable work is being carried out.

A new clinic, with all the most up-to-date equipment, was opened at Sale during the year and another is to be built at Runcorn in the near future.

Clinics are essential for a good and efficient school Dental Service, especially where schools are without electric light, or have a poor water supply.

All Dentists report very favourably on the help and courtesy shown by the Headmasters and Headmistresses.

SUMMARY OF DENTAL REPORTS FOR 1927—1936.

Year	Number of Dentists	Number Inspected	Number Selected	Percentage Selected	Number Treated	Percentage Treated	Number Fillings	Number of Extractions
1927	5	17484	12917	73%	6599	51%	5583	15067
1928	5	23823	15825	66%	9184	58%	5531	20768
1929	6	30984	19574	63%	11054	56%	7095	25734
1930	7	30914	22002	71%	13169	59%	7885	30279
1931	8*	36217	25639	72% + 70	16193	63%	11535	33834
1932	8	40138	32154	80%	19108	59%	13656	45314
1933	8	39243	29042	74%	19200	66%	15063	38724
1934	8	35672	26512	74%	18006	67%	15128	35219
1935	8	35155	26180	61%	18996	72%	17203	37924
1936	11†	41149	29294	71%	22723	78%	16476	40857

*8 dentists for two months of the year only. Since the appointment of the eighth dentist, a proportion of the dental work equal to the services of one dentist has been devoted to Maternity and Child Welfare.

†The ninth dentist began duty on the 1st July, the tenth on the 1st September, and the eleventh on the 9th September.

Dental Attendants.

It has been the custom in this county to appoint fully trained Nurses as Dental Attendants. Recently the Board of Education have recommended the appointment of untrained or uncertificated girls on a lower grade of salary. I am in strong disagreement with this policy, especially in county areas where a proportion of the Dental Officers' duties are concerned with the Maternity and Child Welfare and Antenatal schemes, when general anaesthesia has to be resorted to. There is no doubt in my mind that it is essential that the Dental Attendant should have a sound knowledge of nursing if the dental treatment of expectant mothers is to be carried out efficiently and successfully.

Orthopaedic Scheme.

The Orthopaedic Scheme is now a completely comprehensive one, there being no part of the County that is not within reasonable distance of an Orthopaedic Clinic. The system is that the Surgeons who attend the Clinics are on the Staff of the Hospitals to which patients are referred for treatment, so that patients on discharge continue under the supervision of the Surgeon who carried out the active treatment in Hospital.

The Orthopaedic Clinics now established in the Administrative County, together with the attendances, days and times of opening, are set out in the following tables:—

TABLE I.

Place.	Day.	Time.	Surgeon.	Surgeon Attends.
Cottage Hospital, Alderley Edge	Alternate Thursdays	2 p.m. to 4 p.m.	Mr. Poston	Once every two or three months
General Hospital, Altrincham	Friday	2 p.m. to 4 p.m.	Mr. Poston	Fourth Friday each month
2, King's Buildings, Chester	Friday	10 a.m. to 12 30 p.m.	Mr. Watson Jones	Once every two months
L.M.S. Ambulance Rooms, Crewe	Monday	10 a.m. to 12 30 p.m.	Mr. Clarke	Do.
12, West Street, Congleton	Tuesday and Friday	10 a.m. to 1 p.m.	Mr. Mitchell Smith	Third Tuesday each month
Welfare Centre, Ellesmere Port	Monday and Thursday	2 30 to 4 30 p.m.	Dr. Martin	*Fourth Monday each month
Welfare Centre, 8, Market Street, Hoylake	Monday and Thursday	11 a.m. to 1 p.m.	Dr. Martin	Third Friday each m'th (2-30 to 4-30 p.m.)
Orthopaedic Clinic, Parsonage Street, Hyde	Monday Wednesday Friday	10 a.m. to 5 30 p.m. 10 a.m. to 12 30 p.m. 10 a.m. to 5 30 p.m.	Mr. Poston	Third Friday each month
Welfare Centre, Recreation Ground, New Ferry	Monday and Thursday	2 30 to 4 30 p.m.	Dr. Martin	*Second Monday each month
Welfare Centre, 29, High Street, Runcorn	Tuesday and Friday	11 a.m. to 1 p.m.	Dr. Martin	*First Friday each month
Welfare Centre, Methodist Sunday School, Stockton Heath	Tuesday and Friday	2 30 to 4 30 p.m.	Dr. Martin	First Friday each month

* It has been found necessary to arrange for the surgeon to attend an additional session every two months at these clinics owing to increased attendances.

TABLE II.

The following statement shows the number of non-tuberculous patients, aged 5—16, attending the various Orthopaedic Clinics in the County, also the attendances made, excluding those for sunlight only.

CLINIC.	No. of Patients on Registers, 1/1/36.	No. of Patients admitted during the year.	No. of Patients discharged during the year.	No. of Patients on Registers, 31/12/36.	Total number of Attendances.
Alderley Edge	19	7	2	24	85
Altrincham ..	45	6	9	42	600
Chester ..	39	11	16	34	167
Congleton ..	13	2	5	10	117
Crewe ..	72	31	21	82	382
Ellesmere Port	67	44	33	78	1324
Hoylake ..	33	4	9	28	588
Hyde ..	4	7	5	6	85
New Ferry ..	63	19	26	56	978
Northwich ..	6	9	11	4	508
Runcorn ..	59	54	28	85	1007
Stockton Heath	21	11	9	23	570
	441	205	174	472	6411

In addition 1 patient made 20 attendances for sunlight treatment only at Warrington Infirmary.

TABLE III.

Numbers and types of cases of school age who received in-patient treatment under the County Orthopædic Scheme during 1936.

				Robert Jones and Agnes Hunt Ortho- pædic Hospital, Oswestry	Liverpool Open-Air Hospital for Children, Leasowe	North Staffs. Ortho- pædic Hospital Hartshill,	General Hospital, Altrin- cham	Biddulph Grange Ortho- pædic Hospital	Total
Boys	..	..	..	8	5	3	1	1	18
Girls	..	..	..	8	5	—	2	—	15
Actinomycosis	..	..	..	—	1	—	—	—	1
Bow Leg	..	..	..	—	—	1	—	—	1
Claw Foot	..	..	..	1	—	—	—	—	1
Congenital Deformity (Spine, etc.)	..	..	..	2	1	—	—	—	3
Epiphysitis	..	..	..	1	—	—	—	—	1
Hallux Valgus	..	..	..	—	1	—	—	—	1
Hammer Toe	..	..	..	1	1	—	1	—	3
Osteitis	..	..	..	1	—	—	—	—	1
Osteochondritis	..	..	..	1	—	—	—	—	1
Osteomyelitis	..	..	..	1	—	1	—	—	2
Perthes Disease	..	..	..	—	1	—	—	—	1
Poliomyelitis	..	..	..	1	—	—	—	—	1
Popliteal Bursa	..	..	..	—	1	—	—	—	1
Pseudo-Coxalgia	..	..	..	—	—	—	—	1	1
Rickets	..	..	..	—	1	—	—	—	1
Scoliosis	..	..	..	3	—	1	—	—	4
Spastic Paraplegia	..	..	..	1	1	—	—	—	2
Talipes	..	..	..	1	1	—	—	—	2
Torticollis	..	..	..	1	1	—	2	—	4
Webbed Fingers	..	..	..	1	—	—	—	—	1

Blind, Deaf, Defective and Epileptic Children.

The question of accommodating certain grades of mentally defective children in the County is most acute. A certain number of cases are maintained in Institutions under other Authorities but such accommodation is strictly limited.

It is hoped that a special school will be established soon at Cranage Hall.

The case of the child suffering from combined defects continues to be another very acute problem, as there is enormous difficulty in finding suitable accommodation for such cases.

Infectious Disease.

Diphtheria Immunisation does not come within the scope of the School Medical Service, and the responsibility lies with the Local Authorities.

In some districts the Toxoid Antitoxin is supplied free by the Local Authority to Practitioners who administer it to those who desire it, and in others arrangements have been made for both supply and administration, the Local Authority being responsible for the whole cost.

School Closure.

Schools closed by the Chief School Medical Officer:—

Measles	51
Scarlet Fever	6
Whooping Cough	9
Mumps	3
Diphtheria	4
Chicken Pox	2

School closure for infectious disease is resorted to only when there is definite evidence that it is the best method of preventing further spread of infection. In many cases closure can be avoided by judicious exclusion of individual cases.

During times of epidemics, especially in the populous Urban Areas, it is better to have the children under the supervision of the teacher and School Medical Officer; prompt action can be taken when the first sign of sickening is observed.

In scattered Rural Areas, where children after school hours are unable to congregate in cinemas or play together in the streets owing to their natural isolation from each other, closure is often an advantage.

Employment of School Children.

During the year, 1,098 children were examined under the Employment of Children Bye-laws.

Miscellaneous Work.

During the year many visits were made to the schools apart from the normal Routine visits by the Assistant School Medical Officers for the purpose of investigating outbreaks of infectious disease. In many cases prompt action in seeking out and exclusion of contacts and carriers has prevented the further spread of disease and depletion of attendances. Examinations were also carried out in school to ascertain the fitness of children to take part in open-air swimming and camp life.

Cases dealt with by N.S.P.C.C.

The seven Inspectors of the N.S.P.C.C. who cover the County dealt with a number of cases referred to them by Health Visitors and Head Teachers. It is gratifying to observe the earnestness and tact shown by these Officers in carrying out this difficult work.

Provision of Meals.

In accordance with the procedure adopted in previous years, the County Education Committee supplied free meals and milk meals to necessitous school children in the Altrincham, North-East Cheshire, Central Wirral, Congleton, Macclesfield, Nantwich and Sale Districts for the year ending 31st March, 1937.

Total number of children who received free meals and milk meals	1,890
Total number of meals and milk meals provided free	271,498

In many schools in the County Area, dinner schemes for non-necessitous school children are in operation whereby the children remaining in school during the mid-day interval are provided, at a small charge, with either hot drinks or a cooked dinner. In many instances these schemes are entirely self-supporting, but in other cases the County Committee makes a grant towards the wages of a cook employed to prepare the meals, and pays for the cost of utensils required.

Supply of Milk to Children in Elementary Schools.

The scheme for the supply of milk to necessitous children has been continued as in previous years with excellent results.

In 1934 the Milk Marketing Board brought into operation a scheme whereby milk is provided to scholars at the rate of $\frac{1}{2}$ d. per one-third of a pint instead of the former charge of 1d. The main object of the scheme is to encourage and increase the consumption of milk.

The Board will only accept milk the source and quality of which has been approved by a Medical Officer of Health. In Cheshire the County Medical Officer of Health requires that all milk supplied to schools must be at least of accredited standard, and further demands that biological examination of samples of such milk be made from time to time at the discretion of the County Veterinary Officer.

There are in the County 132 herds supplying milk to schools, and 320 School Departments supplying milk to scholars.

The reports of the A.S.M.O.'s continue to show the beneficial results obtained in the general health of the children.

Secondary Schools.

The results of Medical Inspection in Secondary Schools are set out in Appendix II at the end of this report.

All Secondary Schools are visited once a year for the purpose of carrying out Routine and Special Examinations.

During the year 2,751 children were examined—1,534 boys and 1,217 girls. As in previous years the predominant defect was Defective Vision—220 being referred for treatment and 27 for observation.

Report by the Committee's Inspectors of Physical Training, 1936-37.

Never before in the history of this country has such great interest in physical training been displayed as during the past year. The need for increased facilities for physical activity of all kinds has been strongly emphasised and the publicity given to physical training has created a great interest which is certain to have beneficial results if opportunities can be given, under satisfactory conditions, for adequate and rational exercise of a suitable nature for all. It is of primary importance that the boys and girls in our elementary and secondary schools shall have the best of conditions under which to carry out their physical training, so that they will be able to realise to the full the happy and enjoyable nature of the work. By this means a special interest in physical training generally will be aroused which will create a desire for a continuance of physical activities after they leave school.

Buildings and Equipment.

During the past year special attention has been given to the improvement of existing facilities in schools, and to the provision of the very best facilities in future school buildings. Unfortunately in many of the non-provided schools the playgrounds are ill-adapted for satisfactory physical training, but considerable improvement has been effected in some of these schools during the past year by the provision of a hard surface. It is confidently hoped that many more of the non-provided schools will, during the coming year, avail themselves of the financial assistance given by the Authority for the playground improvements which are so urgently needed.

In the planning of all new schools attention has been given to the special needs of physical training. Playgrounds are to be adequate in area for outdoor work; in the senior schools gymnasias are to be provided with changing and shower bath accommodation; and in the Infant and Junior schools large airy central halls will meet the needs of the training during inclement weather. Attention has also been given to the provision of satisfactory playing fields, and arrangements made for their maintenance and upkeep.

Schools are now able to obtain a useful supply of good apparatus for games and other physical training activities, and in Senior schools where facilities and conditions are favourable, portable gymnastic apparatus has been supplied.

Clothing and Footwear.

During the past year there has been a marked improvement in the provision of the clothing and footwear recommended for the physical training lessons. A much greater number of boys and girls provide themselves with appropriate flexible shoes, and especially in the Senior schools there is a greatly increased and growing number of boys and girls who change into suitable clothing. A complete change of clothing is desirable in all Senior schools, but the lack of facilities for changing and the storing of kit prove a handicap in many of the older buildings. Flexible shoes are of primary importance for successful work, and special efforts are being made to encourage their provision for all boys and girls. The way in which boys and girls dress for their physical training lessons is a good indication of the value attached to the subject by a school.

Time-Tables.

It is strongly recommended that there should be a daily period of physical activity for all classes. In some schools this has been arranged, but there are others in which more frequent lessons are desirable.

Organised Games.

A special period for organised games is now arranged in practically all Junior and Senior schools. Many schools have access to a playing field for these games, but there are some which are compelled to carry out the games lesson in the school playground. Under whatever conditions the organised games are conducted, there should be definite coaching and training in the essential features and technique of the games played, in which all members of classes should participate and be given equal opportunities for individual practice. Purely match play is not productive of the best results. A carefully graded games scheme, allowing for the age and skill of boys and girls' is necessary in all schools, if the organised games periods are to be fully successful.

Swimming.

A separate report on the swimming instruction has been issued during the year; the following details show the progress made. 7,986 boys and girls attended various swimming baths for instruction; 931 girls and 1,268 boys learnt to swim; 2,412 swimming certificates were granted by the Authority, while 414 certificates were awarded to boys and girls as a result of examinations conducted by the Royal Life Saving Society.

Teachers' Physical Training Associations.

The Cheshire Men Teachers Physical Training Association has now formed several district branches in various parts of the County, and monthly meetings are arranged. In addition to the ordinary activities of the Association, physical training film shows have been arranged in several centres, being attended by nearly 6,000 children and 450 teachers.

During the year, lectures and discussions for women teachers on Organised Games were arranged at various centres, and were well attended. As a direct result of these meetings Women Teachers' Physical Training Associations have been formed, and will commence their activities during the coming year.

Recreative Physical Training.

Special attention has been given during the year to the provision of facilities for recreative physical training for young people and adults. In addition to classes forming part of a group course in Evening Schools, special classes for physical training have been arranged as single subject classes, and it is hoped to develop these classes during the coming year. Recreative physical training classes have also been arranged

in the rural districts in connection with the Youth Clubs of the Cheshire Rural Community Council, and where certain conditions have been fulfilled, the classes have been approved by the Authority.

Massed Demonstration.

A massed demonstration of modern methods of physical training was held on the Altrincham Football Ground during July, when more than 2,500 boys and girls from the local elementary schools gave a very successful display. The demonstration was under the direction of the Organisers of Physical Training, while the general organisation was carried out most successfully by a committee of teachers. A very large number of parents attended the demonstration and their co-operation in the provision of suitable clothing and footwear for the children was much appreciated.

JOSEPH B. HALL.

MARY ALTHAM.

Organisers of Physical Training.

May, 1937.

APPENDIX I.

STATISTICAL TABLES.

Public Elementary Schools.

Table I.—Return of Medical Inspections.**(A.) Routine Medical Inspections.**

Number of Code Group Inspections—

Entrants	...	...	6617
Second Age Group	...	...	5860
Third Age Group	...	...	5914
	Total	...	<u>18391</u>

(B.) Other Inspections.

Number of Special Inspections	...	...	10598
Number of Re-inspections	...	...	3881
	Total	...	<u>14479</u>

(C.) Children found to require treatment.

Number of individual children found at Routine Medical Inspection
to Require Treatment (excluding Defects of Nutrition,
Uncleanliness and Dental Diseases).

Prescribed Groups—

Entrants	...	...	950
Second Age Group	...	...	1027
Third Age Group	...	...	1049
	Total	...	<u>3026</u>

TABLE II.

**A. Return of Defects found by Medical Inspection in the Year ended
31st December, 1936.**

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
SKIN—				
Ringworm—				
Scalp	3	—	44	—
Body	2	—	54	—
Scabies	45	—	92	—
Impetigo	48	—	1735	—
Other Diseases (Non-Tuberculous)	93	2	1347	2
EYE—				
Blepharitis	67	—	92	—
Conjunctivitis	13	—	77	—
Keratitis	1	1	25	—
Corneal Opacities	5	1	75	1
Other Conditions (excluding Defective Vision & Squint)	8	4	163	2
Defective Vision (excluding Squint)	937	95	2649	12
Squint	118	14	660	2
EAR—				
Defective Hearing	89	17	4	5
Otitis Media	79	2	44	—
Other Ear Diseases	9	—	7	—
NOSE AND THROAT—				
Chronic Tonsillitis only	127	539	133	139
Adenoids only	24	35	32	15
Chronic Tonsillitis and Adenoids	435	306	390	49
Other Conditions	67	6	37	5
ENLARGED CERVICAL GLANDS				
(Non-Tuberculous)	20	149	3	36
DEFECTIVE SPEECH	31	48	7	10
HEART AND CIRCULATION—				
Heart Disease—				
Organic	74	27	36	23
Functional	20	77	11	112
Anaemia	198	27	76	16
LUNGS—				
Bronchitis	91	40	29	14
Other Non-Tuberculous Diseases	105	27	34	7
TUBERCULOSIS—				
Pulmonary—				
Definite	1	3	2	1
Suspected	4	2	6	—
Non-Pulmonary—				
Glands	12	10	10	2
Bones and Joints	1	—	1	—
Skin	—	—	—	—
Other Forms	9	3	5	7
NERVOUS SYSTEM				
Epilepsy	11	5	8	4
Chorea	10	7	5	9
Other Conditions	35	45	9	22
DEFORMITIES—				
Rickets	1	—	—	—
Spinal Curvature	17	5	6	—
Other Forms	114	24	28	9
OTHER DEFECTS AND DISEASES	296	99	88	92
(excluding Defects of Nutrition Uncleanliness & Dental Diseases)				
Total	3220	1620	8024	596

(B.) Classification of the Nutrition of Children Inspected during
the Year in the Routine Age Groups.

AGE GROUPS	No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	6617	777	11.7	5022	75.8	803	12.1	15	.22
Second Age-group	5860	628	10.7	4272	72.9	937	15.9	23	.39
Third Age-group	5914	777	13.1	4238	71.6	880	14.1	19	.32
TOTAL ..	18391	2182	11.8	13532	73.5	2620	14.2	57	.30

TABLE III.

Return of all Exceptional Children in the Area.

(At 31st December, 1936).

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
10	—	—	2	12
Partially Blind Children.				
8	25	—	3	36

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
21	—	—	7	28
Partially Deaf Children.				
6	20	—	—	26

Mentally Defective Children.**Feeble-Minded Children.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
25	296	—	35	356

Epileptic Children.**Children suffering from Severe Epilepsy.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	6	1	4	15

Physically Defective Children.**A. TUBERCULOUS CHILDREN.****I.—Children suffering from Pulmonary Tuberculosis.**
(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	15	16	34	69
II.—Children suffering from Non-Pulmonary Tuberculosis.				
60	93	5	9	167

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
37	429	—	31	497

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
10	184	—	35	229

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	74	—	7	87

Children suffering from Multiple Defects.

Combination of Defects.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
Blind and M.D. . .	—	3	—	3
Blind, M.D. and Cripple	—	—	2	2
Blind and Epileptic . .	—	—	2	2
Cripple and M.D.	3	—	4	7
Cripple and Heart Disease	2	—	—	2
Deaf and M.D.	—	—	4	4
Deaf and Cripple	—	—	2	2
Epileptic and M.D.	1	—	3	4
Epileptic and Cripple	—	—	2	2
TOTALS . .	6	3	19	28

Table IV.—Return of Defects Treated during the year ended 31st December, 1936.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect.	Number of Defects Treated, or under Treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN—			
Ringworm—Scalp ...			
(i.) X-Ray Treatment ...	18	3	21
(ii.) Other ...	44	5	49
Ringworm—Body ...	53	2	55
Scabies ...	101	27	128
Impetigo ...	1648	30	1678
Other Skin Disease ...	1357	53	1410
MINOR EYE DEFECTS ...	432	36	468
(External and other, but excluding cases falling in Group II.)			
MINOR EAR DEFECTS ...	546	34	580
MISCELLANEOUS ...	4294	96	4390
(e.g. Minor injuries, bruises, sores, chilblains, etc.)			
Total ...	8493	286	8779

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments—Group I.).

Disease or Defect.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint).	3309	89	3398
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—
Total ...	3309	89	3398
No. of Children for whom spectacles were			
(a) Prescribed ...	1862	76	1938
(b) Obtained ...	1470	272	1742

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Praetitioner or Hospital, apart from the Authority's Scheme.				Total.					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
145	40	695	9	4	3	33	1	149	43	728	10	159	1089

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
 (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme.			Total number treated
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
No. of children treated	30	3	651	684

Group V.—Dental Defects.

(1) Number of Children inspected by the Dentist :—

	Aged		Total.
(a) Routine age-groups	5	...	1975
	6	...	5295
	7	...	5366
	8	...	5419
	9	...	5224
	10	...	5110
	11	...	4607
	12	...	3940
	13	...	2684
	14	...	1163
			40783
(b) Specials	...	...	366
(c) TOTAL (Routine and Specials)	..	...	41149
(2) Number found to require Treatment	...	...	29294
(3) Number actually Treated	...	...	22723
(4) Attendances made by Children for Treatment	...	...	25694
(5) Half-days devoted to Inspection	...	957	} Total 3857
" " Treatment	...	2900	
(6) Fillings—	Permanent Teeth	.. 15372	} Total 16476
	Temporary Teeth	... 1104	
(7) Extractions—	Permanent Teeth	... 6221	} Total 40857
	Temporary Teeth	... 34636	
(8) Administration of general Anaesthetics for Extractions			6
(9) Other Operations —			
	Permanent Teeth	... 2330	} Total 3076
	Temporary Teeth	... 746	

Group VI.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year by School Nurses	...	...	6
(2) Total number of Examinations of Children in the Schools by School Nurses	...	...	168162
(3) Number of individual Children found unclean	...	...	2635
(4) Number of Children cleansed under arrangements made by the Local Education Authority	...	...	—
(5) Number of Cases in which Legal Proceedings were taken—			
(a) Under the Education Act, 1921	...	...	—
(b) Under School Attendance Bye-Laws	...	...	—

Secondary Schools.

TABLE I.—Shewing Number of Children Examined at Different Ages.

Ages ...	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Grand Totals.
Boys ..	2	5	4	18	34	79	233	297	135	356	59	183	90	29	10	1534
Girls ...	—	—	9	38	45	76	249	190	83	157	113	153	74	20	10	1217
Totals ...	2	5	13	56	79	155	482	487	218	513	172	336	164	49	20	2751

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children found to require treatment.		
	Boys.	Girls.	Total.
... ..	240	322	562

	Boys.	Girls.
Number of Children referred for observation <i>only</i> .	75	50
Number of Parents Present	128	550
Number of Objections to Inspections ..	37	44

Secondary Schools.

Table II.—Return of Defects found in the Course of Medical Inspection.

DEFECT OR DISEASE.				Routine Inspections.	
				referred for Treatment	For Observation
DEFECTIVE TEETH	...	...	...	129	—
MALNUTRITION	...	...	...	1	1
UNCLEANLINESS—					
Head	...	...	...	5	—
Body	...	...	...	—	—
CLOTHING UNSATISFACTORY	...	...	...	—	—
FOOTGEAR UNSATISFACTORY	...	...	...	—	—
SKIN—					
Ringworm	...	...	...	—	—
Scabies	...	...	...	1	—
Impetigo	...	...	...	—	—
Other Diseases (non-Tubercular)	...	...	...	11	2
EYE—					
Blepharitis	...	...	...	4	1
Conjunctivitis	...	...	...	—	—
Corneal Opacities	...	...	...	1	—
Defective Vision	...	...	...	220	27
Squint	...	...	...	2	1
Other Conditions	...	...	...	3	2
EAR—					
Defective Hearing	...	...	...	6	—
Otitis Media	...	...	...	1	1
Other Ear Diseases	...	...	...	—	1
NOSE AND THROAT—					
Enlarged Tonsils only	...	...	...	8	32
Adenoids only	...	...	...	—	2
Enlarged Tonsils and Adenoids	...	...	...	14	1
Other Conditions	...	...	...	8	2
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	...	...	...	1	5
DEFECTIVE SPEECH	...	...	...	—	2
HEART AND CIRCULATION—					
Heart Disease					
Organic	...	...	...	24	13
Functional	...	...	...	9	23
Anæmia	...	...	...	19	1
LUNGS—					
Bronchitis	...	...	...	6	—
Other Non-Tubercular Diseases	...	...	...	13	3
TUBERCULOSIS—					
Pulmonary—					
Definite	...	...	...	—	1
Non-Pulmonary—					
Glands	...	...	...	—	—
Spine	...	...	...	—	—
Hip	...	...	...	—	—
Other Forms	...	...	...	—	—
NERVOUS SYSTEM—					
Epilepsy	...	...	...	—	—
Chorea	...	...	...	1	—
Other Conditions	...	...	...	5	2
DEFORMITIES—					
Rickets	...	...	...	1	—
Spinal Curvature	...	...	...	41	1
Other Forms	...	...	...	48	2
CONGENITAL SYPHILIS	...	...	...	—	—
OTHER DEFECTS AND DISEASES	...	...	...	47	5
ROUND SHOULDERS	...	...	...	15	—
FLAT FEET	...	...	...	94	—

